

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17330

FILED JUN 12 1948

Registration District No. 38

Primary Registration District No. 3086 5120

State File No.

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Doyes Hospital
(If not in hospital or institution, write street, number and location)
(d) Length of stay: In hospital or institution 6 1/2 Hospital (Specify whether)
In this community 61 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ballenger, James Franklin

3. (b) If veteran, name war U.S. Army 3. (c) Social Security No. 1-10-43

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 9 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 4 hr. min.

9. Birthplace Columbia, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Grocery

12. Name John Louis Ballenger

13. Birthplace S. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Laura Jane Zaring

15. Birthplace Shelbyville Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant John L. Ballenger

(b) Address 10 Hubbell Drive - Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Columbia, Missouri

19. (a) 5-15-43 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Hubbell Drive 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 13th 1943
that I last saw him alive on May 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 7 days

Due to 108

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Edna H. Barber (M.D. or other) Address Columbia Date signed 5/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1044

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.